



Colorado Department
of Public Health
and Environment

Total Trihalomethane Certified Laboratory Report Form
WQCD - Drinking Water CAS
Submit Online at <http://www.wqcdcompliance.com/login>

Revision: 4/13/2015

TTHM

Section I (to be completed by the Public Water Systems only)					Section II (to be completed by Laboratories only)					
Public Water System Information					Laboratory Information					
PWSID#: CO0107236			Facility ID: DS001		Laboratory ID: CO015					
System Name: East Boulder County WD					Laboratory Name: Colorado Analytical Laboratory					
Contact Person: Pete Obrien			Phone #: 303-442-1911		Contact Person: Customer Service			Phone: 303-659-2313		
Comments:					Comments:					
Section III (Supplied or Completed by PWS)			Section IV (Supplied or Completed by Certified Laboratory)							
Sample Date	Sample Pt ID On Schedule	Address - Location	Lab Receipt Date	Lab Analysis Date	Laboratory Sample ID #	Analyte	Analytical Method	MCL (ug/L)	Lab MRL (ug/L)	Result (ug/L)
8/9/23	DBP002	DBP002	8/9/23	8/14/23	230809192-01A	Chloroform	EPA-524.2	N/A	0.5	63.81
						Bromoform	EPA-524.2	N/A	0.5	BDL
						Bromodichloromethane	EPA-524.2	N/A	0.5	16.98
						Dibromochloromethane	EPA-524.2	N/A	0.5	3.96
						Total Trihalomethanes	EPA-524.2	80	0.5	84.8

NT: Not Tested
Lab MRL: Laboratory Minimum Reporting Level
BDL: Below Laboratory MRL. A less than (<) may also used.

ug/L: Micrograms per Liter
MCL: Maximum Contaminant Level

8/24/23
230809192
1/1
Y

Drinking Water Chain of Custody



Commerce City Lab
10411 Heinz Way
Commerce City CO 80640

Lakewood Service Center
610 Garrison Street, Unit E
Lakewood CO 80215

Phone: 303-659-2313

www.coloradolab.com

Report To Information		Bill To Information (If different from report to)		Project Information	
Company Name: <u>Bluh</u>		Company Name: _____		PWSID: <u>107236</u>	
Contact Name: <u>Petro</u>		Contact Name: _____		System Name: <u>EPCHD</u>	
Address: <u>1901 S. 120th St. Ste A</u>		Address: _____		Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
City: <u>Lakewood</u> State: <u>CO</u> Zip: <u>80026</u>		City: <u>Sum</u> State: _____ Zip: _____		Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Phone: <u>34421911</u>		Phone: _____		Task Number (Lab Use Only) CAL Task	
Email: <u>office@waterall.cc</u>		Email: _____		230809192	
Sample Collector: <u>Pete</u>		Sample Collector: _____		JAK	
Sample Collector Phone: <u>3819-4462</u>		PO Number: _____			

			PHASE I, II, V Drinking Water Analyses (check requested analysis)																Subcontract Analyses												
Date	Time	Client Sample ID / Sample Pt ID	No. of Containers	Residual Chlorine (mg/L) P/A Samples Only	Total Coliform P/A	504.1 EDB/DBCP	505 Pests/PCBs	515.4 Herbicides	524.2 VOCs	525.2 SOCs-Pest	531.1 Carbamates	547 Glyphosate	548.1 Endothall	549.2 Diquat	524.2 TTHMs	552.2 HAA5s	Lead/Copper	Nitrate	Nitrite	Fluoride	Inorganics	Alk./Lang. Index (Circle)	TOC, DOC (Circle)	SUVA, UV 254 (Circle)	Gross Alpha/Beta	Radium 226/228	Radon	Uranium	Chlorite		
8-9-23	1240	DBP 002	4																												

Instructions:				C/S Info:				Seals Present Yes <input type="checkbox"/> No <input type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input type="checkbox"/>					
Relinquished By: <u>[Signature]</u>				Delivered Via: <u>FD</u>				C/S Charge <input type="checkbox"/> Temp: <u>19</u> °C / Ice <u>U</u> Sample Pres. Yes <input type="checkbox"/> No <input type="checkbox"/>					
Date/Time: <u>8-9-23</u>		Received By: <u>AL</u>		Date/Time: <u>8/9</u>		Relinquished By: _____		Date/Time: _____		Received By: _____		Date/Time: _____	